UNITED STATES DISTRICT COURT	S & S
SOUTHERN DISTRICT OF NEW YORK	.i. e. =
v	OF STR
NEKESHIA JEAN-BAPTISTE,	
Plaintiff,	Docket No.:
- against -	GE CONNERCASE S
ugumst	COMPLAINT
CEREBRAL PALSY OF WESTCHESTER,	COMPLAINT
Defendant.	06 CIV. 5754
X	PLAINTIFF DEMANDS A JURY TRIAL

E3 =

Plaintiff, NEKESHIA JEAN-BAPTISTE, by her attorneys, GOODSTEIN & WEST, complaining of the Defendant, alleges as follows:

1. This is an action for injunctive relief and compensatory damages on behalf of plaintiff. This suit is authorized pursuant to Title VII of the Civil Rights Act of 1964 (42 USC §2000e et. seq.). Plaintiff also has a pendent state claim pursuant to the New York Human Rights Law. Jurisdiction of this Court is invoked pursuant to 42 USC §2000e-5(f) and pursuant to the principle of pendent state jurisdiction; the New York Human Rights Law (N.Y.S. Executive Law §290 et seq.). Jurisdiction of this Court is invoked to secure protection of and redress deprivation of rights secured by 42 USC §2000e et. seq. providing for injunctive and other relief against sexual discrimination in employment.

#### **PARTIES**

2. Plaintiff, NEKESHIA JEAN-BAPTISTE, (hereinafter "JEAN-BAPTISTE") is a female who resides in the County of the Westchester in the State of New York. Plaintiff has filed a charge with the Equal Employment Opportunity Commission and has received a Notice of Right to Sue. (A copy of the charge is annexed as Exhibit 1 and a copy of the Notice of the Right to Sue

#### is annexed as Exhibit 2.)

- 3. This action has been brought within 90 days of receipt of the Notice of Right to Sue regarding the complaint.
- 4. Defendant CEREBRAL PALSY OF WESTCHESTER (hereinafter "PALSY"), is a not-for-profit corporation doing business in the State of New York. Defendant is an employer as defined by Title VII of the Civil Rights Act of 1964 and the New York State Human Rights Law. On information and belief, defendant has employed more than 100 employees in each of 20 or more calendar weeks in the current or preceding calendar year.

#### **FACTS**

- 5. Plaintiff, NEKESHIA JEAN-BAPTISTE is a female and was employed as a teacher's aid.
- 6. Ms. Jean-Baptiste began her employment with Cerebral Palsy of Westchester in approximately 1999
  - 7. At the time referred to, Ms. Jean-Baptiste is and/or was pregnant.
- 8. On or about December 20, 2005 because she took off time as a result of complications of her pregnancy she was told by her supervisor Tina Richmond and by Lisa Castiglia that they could not depend on her and that she should resign. Ms. Jean-Baptiste refused to resign.
- 9. On December 23, 2005, she informed her supervisor that she had to take off a day for sickness.
- 10. On December 26, 2005, the employer gave Ms. Jean-Baptiste a form to be completed by her doctor. She was informed that she could not return to work until this document was completed. (A copy of the form give to Ms. Jean-Baptiste and completed by her doctor, Romelle J.

Maloney is annexed as Exhibit 3.)

- 11. On January 4, 2006, Ms. Jean-Baptiste returned the form. The next day the employer informed her that was "in receipt of a doctor's note restricting NeKeshia Jean-Baptiste from performing her full job duties due to her pregnancy." Further, the letter stated that the employer "does not have light duty and Ms. Jean-Baptiste can not return to work until she is cleared for full duty." (A copy of the January 5, 2006 letter is annexed as Exhibit 4.)
- 12. Not only does Ms. Jean-Baptiste not have to do heavy lifting, but normally she works as part of a team with a male, Michael Canton, who does the sporadic heavy lifting if required.
- 13. Further, Ms. Jean-Baptiste is assigned to the room 6 team. The room 5 team <u>never</u> has to do any lifting. Accordingly, the employer's refusal to continue Ms. Jean-Baptiste's employment is sex and pregnancy discrimination.

#### **AS AND FOR A FIRST CAUSE OF ACTION**

14. Plaintiff was subjected to sexual discrimination because of her pregnancy in violation of Title VII of the Civil Rights Act of 1964 (42 USC §2000e et. seq.).

#### PENDENT STATE CLAIM

- 15. Defendant is an employer as that term is defined by the New York State Human Rights Law (Executive Law §290 et seq.).
- 16. Plaintiff was subjected to sexual discrimination because of her pregnancy in violation of the New York State Human Rights Law (Executive Law §290 et seq.).
- 17. Plaintiff demands a jury trial on her Title VII cause of action and on her pendent state claims.

WHEREFORE, plaintiff demands judgment against the defendant as follows:

### On the First Cause of Action

- (a) An award of back pay and all fringe benefits from January 5, 2006;
- (b) Re-employment by defendant;
- (c) An award of compensatory/punitive damages pursuant to Title VII of the Civil Rights Act of 1964 in an amount not to exceed Three Hundred thousand Dollars (\$300,000); and
- (d) An award of reasonable attorney's fees pursuant to Title VII of the Civil Rights Act of 1964.

### On the Pendent Cause of Action

(a) An Award of compensatory damages in the amount of Five Hundred
Thousand Dollars (\$500,000)

Together with such other and further relief as to the Court deems just and proper.

Dated: New Rochelle, New York July 27, 2006

Yours, etc.,

/ N/ N/ // //

GOODSTEAN &

ROBERT DAVID GOODSTEIN (RDG 5443)

Attorneys for Plaintiff

56 Harrison Street, Suite 401 New Rochelle, New York 10801

(914) 632-8382

NAME(Indicate Mr., Ms., Mrs.)  MS. NEKESHIA JEAN-BAPTISTE  FEOC NYDO-ENFORCEMENT  HOME TELEPHONE (Include Area Code)  (914) 667-4862  DATE OF BIR  2325 Cortlandt Street, Apt. 2-D, Mt. Vernon, New York 10550  NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNA AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)  NAME CEREBRAL PALSY OF  NUMBER OF EMPLOYEES, MEMBERS  WESTCHESTER  OVER 200  STREET ADDRESS  CITY, STATE AND ZIP CODE  COUNTY  TELEPHONE (Include Area Code)  TELEPHONE NUMBER (Include Area Code)	CHARGE COF	VEOS CAHMONDA DIONNI	nent 1 Filed 07		_	ARGE NUMBER
NAME (Indicate Mr. Ms. Mrs.)  MS. NEXESHTA JEAN-BAPTISTE  FIGURIDATION OF STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CTY, STATE AND ZIP CODE  2/12/74  NAME OERERAL PALSY OF NUMBER OF EMPLOYER, LABOR ORGANIST ME (If more than one list below)  NAME CEREBRAL PALSY OF NUMBER OF EMPLOYER, MEMBERS  TELEPHONE (Include Area Code)  (914) 937-3800  TELEPHONE (Include Area Code)  (914) 937-3800  TRESTCHESSER  TOYER TO SEE ADDRESS  CITY, STATE AND ZIP CODE  STREET ADDRESS  CITY, STATE AND ZIP CODE  TELEPHONE NUMBER (Include Area Code)  TELEPHONE (Include Area Code)  TELEPHONE INCLUDE AND ZIP CODE  TELEPHONE NUMBER (Include Area Code)  TELEPHONE (Include Area Code)  TELEPHONE NUMBER (Include Area Code)  TO STATE OR COME TO STATE OR COME TO STATE AND SUPPORT AND SECONDARY OR COME TO STATE		of 1974; See Privacy Act Statement b		┥'゚゚^ ┃	520-2006-	-00257
NAME/INDICATE Mr. Ms. Mrs./  MS. NEKESHTA JEAN-BAPTISTE    COUNTY   HOME TELEPHONE (Include Area Code)				EEOC		
NAME DISCRESSING JEAN—BAPTISTE FOR WINDERCEMENT HOME TELEPHONE INclude Area Code!  STREET ADDRESS  TYPE STATE AND ZIP CODE  2325 GOTTLANDE STREET, ADDRESS  TYPE STATE AND ZIP CODE  2325 GOTTLANDE STREET, ADDRESS  THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERN AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below)  NAME CEREBRAL PALSY OF NAMES OF EMPLOYERS, MEMBERS  TELEPHONE linclude Area Code  TRESTORESS  CITY, STATE AND ZIP CODE  11266 King Street, Rye Brook, New York 10577  TWESTCHEST  TELEPHONE NUMBER (Include Area Code)  TO ATER TO A TELEPHONE NUMBER (Include Area Code)  TELEPHONE NUMBER (Include Area Code)  TELEPHONE NUMBER (Include Area			<del></del>			and EE
DATE OF BIRD STREET ADDRESS  Z12/2/4  NAME OF THE EMPLOYER, LEGAR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNIN AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)  NAME CEREBRAL PALSY OF NUMBER OF EMPLOYEES, MEMBERS  TELEPHONE (Include Area Code.  WESTCHESTER*  OVER 200  STREET ADDRESS  CITY, STATE AND ZIP CODE  COUNTY  WESTCHESTER  TELEPHONE NUMBER (Include Area Code)  COUNTY  Westchest  TALES OF DISCRIMINATION BASED ON (Check appropriate box(es))  RETALIATION  NATIONAL  ORIGIN  RETALIATION  NATIONAL  ORIGIN  PREGNANCY  TO THER (Specify)  TO THER (Specify)  SEE ANNEXED  THIS charge filled with both the EEOC and the State or local Agency, 1. I will advise the agencies if I change my address or telephone  The rand will good perfect with them in the processing of my 1 this charge filled with both the more processing of my 1 to the best of my knowledge, information single period of the state of the processing of my 1 to the best of my knowledge, information single period of the state of the control of the control of the processing of my 1 to the best of my knowledge, information of single period with them in the processing of my 1 to the best of my knowledge, information single period with control of the control of the period will cooperate fully with them in the processing of my 1 to the best of my knowledge, information single period of the control of the c	NAME (Indicate Mr. Ms. Mrs.)		CEMENT HOME T	ELEPHONE (Inclu	ide Area Code	)
DATE OF BIRD STREET ADDRESS  Z12/2/4  NAME OF THE EMPLOYER, LEGAR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNIN AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)  NAME CEREBRAL PALSY OF NUMBER OF EMPLOYEES, MEMBERS  TELEPHONE (Include Area Code.  WESTCHESTER*  OVER 200  STREET ADDRESS  CITY, STATE AND ZIP CODE  COUNTY  WESTCHESTER  TELEPHONE NUMBER (Include Area Code)  COUNTY  Westchest  TALES OF DISCRIMINATION BASED ON (Check appropriate box(es))  RETALIATION  NATIONAL  ORIGIN  RETALIATION  NATIONAL  ORIGIN  PREGNANCY  TO THER (Specify)  TO THER (Specify)  SEE ANNEXED  THIS charge filled with both the EEOC and the State or local Agency, 1. I will advise the agencies if I change my address or telephone  The rand will good perfect with them in the processing of my 1 this charge filled with both the more processing of my 1 to the best of my knowledge, information single period of the state of the processing of my 1 to the best of my knowledge, information single period of the state of the control of the control of the processing of my 1 to the best of my knowledge, information of single period with them in the processing of my 1 to the best of my knowledge, information single period with control of the control of the period will cooperate fully with them in the processing of my 1 to the best of my knowledge, information single period of the control of the c		STE FEOC.NYDO.ENFUR	(914			,
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNA AGENCY WHO DISCRMINATED AGAINST ME (If more than one list below).  NAME CEREBRAL PALSY OF NUMBER OF EMELOYEES, MEMBERS  WESTCHESTER OVER 200  STREET ADDRESS  CITY, STATE AND ZIP CODE  COUNTY Westchest  NAME  TELEPHONE (Include Area Code (914) 937–3800  COUNTY Westchest  NAME  TELEPHONE NUMBER (Include Area Code)  COUNTY  Westchest  AGE  TREET ADDRESS  CITY, STATE AND ZIP CODE  COUNTY  CAUSE OF DISCRIMINATION BASED ON (Check seproprists box(es))  RACE  RACE  COLOR  RACE  COLOR  RETALIATION  NATIONAL  DISABILITY  TY OTHER (Specify)  PREGNANCY  CONTINUING ACTION  HE PARTICULARS ARE (If additional paper is needed, attach extre sheet(s)):  SEE ANNEXED  In this charge filed with both the EEOC and the State or local Agency, I will devise the agencies if I change my address or telephone ber and I will coperate fully with them in the processing of my telephone with their proceedures.  In the best of my knowledge, information and pale is true and correct.  SIGNATURE OF COMPLAINANT  Charging Plank (Signature)  Charging Plank (Signature)  Charging Plank (Signature)  NOTARY - (When necessary for State and Local Requirements)  I swear or affirm that I have read the above (plance, and, that it is true to the best of my knowledge, information and go celler)  To the best of my knowledge, information and go celler.  SIGNATURE OF COMPLAINANT  Layumonth, and vest)	STREET ADDRESS					DATE OF BIR
AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below)  NAME CEREBRAL PALSY OF NUMBER OF EMPLOYEES, MEMBERS  OVER 200  STREET ADDRESS  CITY, STATE AND ZIP CODE  COUNTY  WESTCREST  NAME  TELEPHONE NUMBER (Include Area Code)  STREET ADDRESS  CITY, STATE AND ZIP CODE  COUNTY  WESTCREST  TOWN TOWN THE DISCRIMINATION BASED ON (Check appropriate basies))  AGENCY  RACE  COLOR XX SEX  RELIGION  NATIONAL  DISABILITY  ORIGIN  PREGNANCY  DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEA/EPA)  LATESY  ORIGIN  PREGNANCY  CONTINUING ACTION  HE PARTICULARS ARE (If additional paper is needed, attach extre sheet(s)):  SEE ANNEXED  This charge flied with both the EEOC and the State or local Agency, V. I will advise the species if I change my address or telephone ber and I will cooperate fully with them in the processing of my pin assordance with their processing of my pin assordance with their processing of my Charging Parky (Signature)  NOTARY - (When necessary for State and Local Requirements)  I swear or affirm that I have read the above shares, and, that it is true to the best of my knowledge, information and believ  SIGNATURE OF COMPLAINANT  Charging Parky (Signature)  SIGNATURE OF COMPLAINANT  SIGNAT						
STREET ADDRESS CITY, STATE AND ZIP CODE COUNTY  NAME  TELEPHONE NUMBER (Include Area Code)  STREET ADDRESS  CITY, STATE AND ZIP CODE  COUNTY  CAUSE OF DISCRIMINATION BASED ON (Check aparopriate box(es))  RACE  COLOR XX SEX  RELIGION  NATIONAL  ORIGIN  PREGNANCY  DISABILITY  TY OTHER ASpecify)  PREGNANCY  TITLES CAUSE ADDRESS  TO STATE AND ZIP CODE  COUNTY  COUNTY  CAUSE OF DISCRIMINATION BASED ON (Check aparopriate box(es))  RETALLATION  NATIONAL  ORIGIN  PREGNANCY  TO THER ASpecify)  CONTINUING ACTION  HE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):  SEE ANNEXED  TO THIS charge filled with both the SEOC and the State or local Agency, y, I will advise the agencies (if change my address or telephone bear and will cooparate bully with them in the processing of my plus in accordance with their processing of my plus in accordance with their processing of my plus condensating of my knowledge, informaticy and period planty for periory that the foregoing is true and correct.  SIGNATURE OF COMPLAINANT  Charging Planty (Signasure)				SHIP COMMITTE	E, STATE OR I	-OCAL GOVERNN
STREET ADDRESS  CITY, STATE AND ZIP CODE  TELEPHONE.NUMBER (Include Area Code)  STREET ADDRESS  CITY, STATE AND ZIP CODE  COUNTY  CAUSE OF DISCRIMINATION BASED ON (Check appropriate bax(as))  RACE  RACE  COLOR  RETALIATION  NATIONAL  DISABILITY  PRECNANCY  DISABILITY  PRECNANCY  CONTINUING ACTION  HE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):  SEE ANNEXED  THIS charge filed with both the EEOC and the State or local Agency, v. I will advise the agencies if I change my address or telephone ber and I will cooperate fully with them in the processing of my ge in accordance with their proceedures.  Is wear or affirm that I have read the above change and, that it is true to the best of my knowledge, information and believe the change my address or telephone ber and twill cooperate fully with them in the processing of my ge in accordance with their proceedures.  Is wear or affirm that I have read the above change and, that it is true to the best of my knowledge, information and believe that the best of my knowledge, information and believe the agencies if Change my address or telephone ber and twill cooperate fully with them in the processing of my ge in accordance with their proceedures.  I swear or affirm that I have read the above change and, that it is true to the best of my knowledge, information and believe that the best of my knowledge. Information and believe that the best of my knowledge information and believe that the foreign plant of the best of my knowledge. Information and seal that the processing of my get indicates the processing of my to the best of my knowledge. Information and seal that the processing of my the processing			MEMBERS	-	TELEPHONE (In	nclude Area Code,
NAME  TELEPHONE NUMBER (Include Area Code)  STREET ADDRESS  CITY, STATE AND ZIP CODE  COUNTY  AUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))  RACE  COLOR  RETALIATION  NATIONAL  ORIGIN  PREGNANCY  ORIGIN  THIS charge filed with both the EEOC and the State or local Agency, y. I will advise the agencies if I change my address or telephone bar and I will cooperate fully with them in the processing of my ge in accordance with their proceedures.  I swear or affirm that I have read the above strange and, that it is true to the best of my knowledge, informatory and believed.  SIGNATURE OF COMPLIANCE  Laves of DISCRIMINATION TOOK PLACE  EARLIEST (ADEA/EPA)  LATEST  1/5/06  CONTINUING ACTION  NOTARY - (When necessary for State and Local Requirements)  SEE ANNEXED  NOTARY - (When necessary for State and Local Requirements)  I swear or affirm that I have read the above strange and, that it is true to the best of my knowledge, informatory and believed.  I swear or affirm that I have read the above strange and, that it is true to the best of my knowledge, informatory and believed.  SIGNATURE OF COMPLIANANT  Charging Park (Signature)  Charging Park (Signature)  NOTARY - (When necessary for State and Local Requirements)  I swear or affirm that I have read the above strange and, that it is true to be to finy knowledge, informatory and believed.  SUBSCRIBED AND SWORN TO SEED READ STATE COMPLIANANT  Charging Park (Signature)	WESTCHESTER	over 200			(914) 93	7-3800
TELEPHONE.NUMBER (Include Area Code)  STREET ADDRESS  CITY, STATE AND ZIP CODE  COUNTY  (AUSE OF DISCRIMINATION SASED ON (Check appropriate bax(es))  RACE  RACE  COLOR  RETALIATION  NATIONAL  DISABILITY  NATIONAL  DISABILITY  NATIONAL  PREGNANCY  CONTINUING ACTION  THE PARTICULARS ARE (If additional paper is needed, attach exits sheet(s)):  SEE ANNEXED  The this charge filed with both the EEOC and the State or local Agency, y. I will advise the agencies if I change my address or telephone bar and I will cooperate fully with them in the processing of my ge in accordance with their procedures.  I swear or affirm that I have read the above charge and that it is to the best of my knowledge, information and real to the best of my knowledge, information and real to the best of my knowledge, information and real Clay I month, and year)  Cherging Park (Signature)  TelePHONE.NUMBER (Include Area Code)  DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEA/EA)  LATES:  DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEA/EA)  LATES:  1/5/06  TONTINUING ACTION  CONTINUING ACTION  NOTARY - (When necessary for State and Local Requirements)  I swear or affirm that I have read the above charge and that it is to the best of my knowledge, information and real country to the best of my knowledge, information and real country to the best of my knowledge, information and real country to the best of my knowledge, information and real country to the best of my knowledge, information and real country to the best of my knowledge, information and real country to the best of my knowledge, information and real country to the best of my knowledge, information and real country to the best of my knowledge, information and real country to the best of my knowledge information and real country to the best of my knowledge information and real country to the best of my knowledge information and real country to the best of my knowledge information and real country to the best of my knowledge information and real country to the best of my knowledge information a	STREET ADDRESS	•				1
THE THIS CHARGE FIND WITH THE FEOC and the State or local Agency, V. I will advise the agencies if I change my address or relephone bar and I will cooperate fully with them in the processing of my get in accordance with their procedures.  STRACE COLOR XX SEX RELIGION AGE 1/5/06  RETALIATION NATIONAL DISABILITY XX OTHER (Specify) PREGNANCY CONTINUING ACTION  THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):  SEE ANNEXED  NOTARY - (When necessary for State and Local Requirements) I swear or affirm that I have read the above share and, that it is true to the best of my knowledge, information and believed the penalty of perjury that the foregoing is true and correct.  SUBSCRIBED AND SWORN TO SEFCRE HE SHARE (Signature)  Charging Park (Signature)		rook, New York 105//	<del> </del>	ALE ALL MADED //-		<del></del>
TAUSE OF DISCRIMINATION BASED ON (Check appropriate box(est))  RACE COLOR XX SEX RELIGION AGE RETALIATION NATIONAL DISABILITY XY OTHER (Specify) ORIGIN PREGNANCY CONTINUING ACTION  HE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):  SEE ANNEXED  This charge filed with both the EEOC and the State or local Agency, I will advise the agencies if I change my address or telephone ber and I will cooperate fully with them in the processing of my ge in accordance with their processures.  Is wear or affirm that I have read the above gharge and, that it is true to the best of my knowledge, information and believ.  Charging Party (Signature)  Applied  Charging Party (Signature)  DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEALERY)  DATE DISCRIMINATION TOOK PLACE EARLIEST (ADEALERY)  LATEST  1/5/06  CONTINUING ACTION  NOTARY - (When necessary for State and Local Requirements)  I swear or affirm that I have read the above gharge and, that it is true to the best of my knowledge, information and believ.  SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO SEFOREME THE COMPLAINANT  Charging Party (Signature)	NAME		TELEPHOI	NE.NUMBER (Inc	dude Area Cod	e)
RACE COLOR XX SEX RELIGION AGE 1/5/06  RETALIATION NATIONAL DISABILITY XX OTHER (Specify) PREGNANCY CONTINUING ACTION  HE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):  SEE ANNEXED  This charge filed with both the EEOC and the State or local Agency, I will advise the agencies if I change my address or telephone ber and I will cooperate fully with them in the processing of my ge in accordance with their proceedures.  Is wear or affirm that I have read the above share and, that it is true to the best of my knowledge, information and believed the processing of the processing o	STREET ADDRESS	CITY, STATE AND ZIP	CODE			COUNTY
RACE COLOR XX SEX RELIGION AGE 1/5/06  RETALIATION NATIONAL DISABILITY XX OTHER (Specify) PREGNANCY CONTINUING ACTION  HE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):  SEE ANNEXED  This charge filed with both the EEOC and the State or local Agency, I will advise the agencies if I change my address or telephone ber and I will cooperate fully with them in the processing of my ge in accordance with their proceedures.  Is wear or affirm that I have read the above share and, that it is true to the best of my knowledge, information and believed the processing of the processing o	ALLOS OS DISCOMANATION DASED O	IN (Charles and into boy/orli		I DATE I	USCRIMINIATIO	AL TOOK DI AGE
RETALIATION NATIONAL OISABILITY XX OTHER (Specify) ORIGIN PREGNANCY CONTINUING ACTION  HE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):  SEE ANNEXED  SEE ANNEXED  NOTARY - (When necessary for State and Local Requirements) Y, I will advise the agencies if I change my address or telephone bet and I will cooperate fully with them in the processing of my pe in accordance with their proceedures.  Is wear or affirm that I have read the above change and that it is the to the best of my knowledge, information and belief.  SUBSCRIBED AND SWORN TO SEFORE ME THAT DATE TO THE REPORT OF THE PROPRIEMENT OF THE PROPRIEMEN	AUSE OF DISCHIMINATION BASED O	N (Check appropriate box(es))		T .		
ORIGIN  PREGNANCY  CONTINUING ACTION  The particulars are (if additional paper is needed, attach extra sheet(s)):  SEE ANNEXED  The this charge filed with both the EEOC and the State or local Agency, y. I will advise the agencies if I change my address or telephone ber and I will cooperate fully with them in the processing of my ge in accordance with their proceedures.  Is wear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and believ  SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO SEFOREME THY DATE  (Day month, and vear)	RACE COLOR	XX SEX RE	LIGION AGE	1/5	/06	
Int this charge filed with both the EEOC and the State or local Agency, y. I will advise the agencies if I change my address or telephone ber and I will cooperate fully with them in the processing of my ge in accordance with their procedures.  NOTARY - (When necessary for State and Local Requirements)  I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and believed.  SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO SEFORE METHYLDADE  (Day month, and year)	RETALIATION N	ATIONAL DISABILIT	TY XX OTHER (Spe	cify)		
nt this charge filed with both the EEOC and the State or local Agency, V. I will advise the agencies if I change my address or telephone ber and I will cooperate fully with them in the processing of my ge in accordance with their proceedures.  Is wear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belied.  SIGNATURE OF COMPLAINANT  SUBSCRISED AND SWORN TO SEFORE AT THE DATE (Day month, and year)	0	RIGIN	PREGNANCY		CONTINUI	NG ACTION
nt this charge filed with both the EEOC and the State or local Agency, I will advise the agencies if I change my address or telephone ber and I will cooperate fully with them in the processing of my ge in accordance with their proceedures.    I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belied.    Signature   Signature   Subscribed		SEE ANNEXED		•		
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.  SUBSCRIBED AND SWORN TO BEFORE ME THE DATE (Day month, and year)						
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.  SUBSCRIBED AND SWORN TO BEFORE ME THE DATE (Day month, and year)	· .				•	
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.  SUBSCRIBED AND SWORN TO BEFORE ME THE DATE (Day month, and year)			•			
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief  SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THE DATE  (Day month, and year)	,					
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief  SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THE DATE  (Day month, and year)						
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief  SUBSCRIBED AND SWORN TO BEFORE ME THE DATE  (Day month, and year)						
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief  SUBSCRIBED AND SWORN TO BEFORE ME THE DATE  (Day month, and year)						
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief  SUBSCRIBED AND SWORN TO BEFORE ME THE DATE  (Day month, and year)						
I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief  SUBSCRIBED AND SWORN TO BEFORE ME THE DATE  (Day month, and year)						
y. I will advise the agencies if I change my address or telephone ber and I will cooperate fully with them in the processing of my ge in accordance with their proceedures.  I swear or affirm that I have read the above charge and that it is tru to the best of my knowledge, information and belief  SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THURDATE (Day month, and year)  Charging Party (Signature)			NOTARY - (When r	necessary for St	ate and Local R	equirements)
ge in accordance with their proceedures.  Iswear of affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.  SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THUS DATE (Day month, and year)  Charging Party (Signature)	ly. I will advise the agencies if I change	e my address or telephone				<del></del>
lare under penalty of perjury that the foregoing is true and correct.  SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THE DATE (Day month, and year)						
Charging Party (Signature) (Day month, and year)	lare under penalty of perjury that the f	oregoing is true and correct.			/ /s	1
Charging Party (Signature) (Day month, and year)	1/ 1/2	1 1 1		/		1/1
Charging Party (Signature)	Make later	Now Mosplet	SUBSCRIBED AND	SWORN TO BEF	ORE ME THUS	Satt
113/06/1/1/11	Charging Part	y (Signature)	(Day month, and year)	13/		×
1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•	11/13/06	HIM	41 X	<del>/</del>
		•			/ "	

DANIEL DeBENEDICTIS
Commissioner of Deeds

# NEKESHIA JEAN-BAPTISTE EEOC CHARGE OF DISCRIMINATION - PARTICUL ARS JAN 1 7 2006 EEOC.NYDO-ENFORCEMENT

- 1. NeKeshia Jean-Baptiste was employed by Cerebral Palsy of Westchester as a teacher's aid.
- 2. Ms. Jean-Baptiste began her employment with Cerebral Palsy of Westchester in approximately 1999
- 3. Ms. Jean-Baptiste is pregnant.
- 4. On or about December 20, 2005 because she took off time as a result of complications of her pregnancy she was told by her supervisor Tina Richmond and by Lisa Castiglia that they could not depend on her and that she should resign. Ms. Jean-Baptiste refused to resign.
- 5. On December 23, 2005, she informed her supervisor that she had to take off a day for sickness.
- 6. On December 26, 2005, the employer gave Ms. Jean-Baptiste a form to be completed by her doctor. She was informed that she could not return to work until this document was completed. (A copy of the form give to Ms. Jean-Baptiste and completed by her doctor, Romelle J. Maloney, Esq. is annexed to this charge.)
- 7. On January 4, 2006, Ms. Jean-Baptiste returned the form. The next day the employer informed her that was "in receipt of a doctor's note restricting NeKeshia Jean-Baptiste from performing her full job duties due to her pregnancy." Further, the letter stated that the employer "does not have light duty and Ms. Jean-Baptiste can not return to work until she is cleared for full duty." (A copy of the January 5, 2006 letter is annexed to this charge.)
- 8. Not only does Ms. Jean-Baptiste not have to do heavy lifting, but normally she works as part of a team with a male, Michael Canton, who does the sporadic heavy lifting if required.
- 9. Further, Ms. Jean-Baptiste is assigned to the room 6 team. The room 5 team <u>never</u> has to do any lifting. Accordingly, the employer's refusal to continue Ms. Jean-Baptiste's employment is sex and pregnancy discrimination.

		DISMISSAL AND	NOTICE	OF RIGHTS
232: Apt.	esha Jean-Baptist 5 Cortland Street 2-D Int Vernon, NY 1059		From:	New York District Office - 520 33 Whitehall Street 5th Floor New York, NY 10004
	On behalf of person	(s) aggrieved whose identity is CFR § 1601.7(a))		
EEOC Cha	arge No.	EEOC Representative		Telephone No.
520-200		Lawrence M. Angelo, Investigator		(212) 336-3763
THE EE	OC IS CLOSING I	S FILE ON THIS CHARGE FO	OR THE FO	DLLOWING REASON:
	The facts alleged in	the charge fail to state a claim under a	ny of the statu	utes enforced by the EEOC.
	Your allegations did	not involve a disability as defined by th	e Americans v	with Disabilities Act.
	The Respondent em	ploys less than the required number of	employees or	r is not otherwise covered by the statutes.
	Your charge was not charge.	timely filed with EEOC; in other words,	you waited to	oo long after the date(s) of the alleged discrimination to file you
	Having been given interviews/conference	30 days in which to respond, your ses, or otherwise failed to cooperate to the second	ou failed to p the extent that	provide information, failed to appear or be available for tit was not possible to resolve your charge.
	While reasonable eff	orts were made to locate you, we were	not able to do	D \$0.
	You were given 30 da	ays to accept a reasonable settlement	offer that affor	rds full relief for the harm you alleged.
X	The EEOC issues the establishes violations	following determination: Based upon it	is investigation	n, the EEOC is unable to conclude that the information obtained
	The EEOC has adop	ed the findings of the state or local fair	employment	practices agency that investigated this charge.
	Other (briefly state)			
		- NOTICE OF (See the additional inform		
federal lav	v based on this ch t <b>ice</b> ; or your right t	ur right to sue that we will send arge in federal or state courtY	you. You i our lawsuit	mination in Employment Act: This will be the only may file a lawsuit against the respondent(s) under must be filed WITHIN 90 DAYS of your receipt a time limit for filing suit based on a state claim may
anegeu Er	/ Act (EPA): EPA PA underpayment. u file suit may no	i nis means that backpay due fo	state court or any viola	within 2 years (3 years for willful violations) of the ations that occurred more than 2 years (3 years)
Enclosure(s)		On behalf of the Spencer H. Lewis Director	HA	5   30   2006 (Date Mailed)

cc: CEREBRAL PALSY OF WESTCHESTER 1186 King Street Purchase, NY 10577

Littler Mendelson, PC Attn: Andrew P. Marks, Esq. One Gateway Center 3<sup>rd</sup> Floor Newark, NJ 07102-5311

## Physical Requirements for Job Performance

Job Title: Teacher's Aide

### Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform essential functions of this job. accommodations may be made to enable individuals with disabilities to perform the essential functions.

### This position requires employees to:

- A. Provide personal health services to students B. Lift students and transfer from wheelchair to toilet, dress table and mobility
- C. Transfer students to assigned locations
- D. Feed students
- E. Clean and disinfect utensils and surfaces
- F. Physically assist in the evacuation of students
- G. Clean and organize the classroom
- H. Conduct activities outdoors and in the community

While performing the duties of this job, the employee is regularly required to perform the following activities. PLEASE INITIAL THOSE ACTIVITES THE EMPLOYEE IS UNABLE TO PERFORM.

Stand Walk Grasp Handle or feel Reach with hands and arms Stoop Kneel Crouch Crawl Sit	Lift and/or move up to 50 pounds  Lift and/or move up to 25 pounds  Close vision  Distance vision  Peripheral vision  Depth perception  Ability to adjust focus  Talk and hear  Smell
Patient: NEKESHIA JEGU-  Physician Signature: A MALONEY, M.D.  Address:  ROMELLE J. MALONEY, M.D.  175 Memorial Hwy, Stel-17  New Rochelle, NY 10501  (914) 235-6060	BAPINSIE  Date: 1 4 06  Phone:



Executive Board

President

Richard N. Osterer

January 5, 2006

Executive Vice President

Gerald Feibusch

To Whom It May Concern:

Vice President

Richard Eising

Treasurer

Dennis Citarella

Please be aware that I am in receipt of a doctor's note restricting Nekeshia Jean-Baptiste from performing her full job duties due to her pregnancy. Nekeshia is employed as a Habilitation Assistant and the job requires her to lift on a daily

basis.

Secretary Ivan Wolff

Unfortunately the agency does not have light duty and Ms. Jean-Baptiste cannot

If you have any questions I can be reached at (914) 937-3800, extension 258.

return to work until she is cleared for full duty.

Michael Fierstein

Mark Fisher

William Hallenbeck

Alan Landauer

Michael Osterer

Venita Osterer

Heidi Ouaknine

Executive Director

Linda Kuck

Lisa Castiglia

Sincerely

Benefits Administrator